

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	14695-427	FILING DATE
APPLICANT(S)		

1116105

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			5			
TOTAL CLAIMS						

MS	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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